



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Real Estate Appraiser Board
124 Halsey Street 3rd Floor, P.O. Box 45032
Newark, New Jersey 07101
(973) 504-6480



Instructions for licensure or certification as a Real Estate Appraiser by Reciprocity or Endorsement

Since all state appraiser licensing and certification programs are required to meet the minimum standards of the Appraisal Qualifications Board, it is the policy of this Board to accept candidates who have obtained approval of any issuing state as meeting New Jersey's criteria for licensing or certification.

Candidates for licensure must submit:

- * Completed application with licensing fee
- * Check or money order payable to: State Real Estate Appraiser Board
- * Certification and Authorization form for a Criminal History Background Check

Note: Please refer to restricted zip code list. If your zip code **does not** appear on the restricted zip code list, please contact the Board office to request finger print cards

Remit the balance of your biennial licensing or certification fee, as follows

	Licensed Residential	Certified Residential	Certified General
Application Fee	\$75.00	\$75.00	\$75.00
Biennial Registration Fee	\$550.00	\$550.00	\$550.00
One Time Credentialing Fee	\$125.00	\$125.00	\$125.00
Biennial Federal Surcharge	\$50.00	\$50.00	\$50.00
Total to submit With application	\$800.00	\$800.00	\$800.00

All license will be effective as of January 1, 2010 and will expire December 31, 2011. All licensees are required to meet continuing education requirements for renewal. Fees should be made payable to "New Jersey State Board of Real Estate Appraisers." Certified check or money orders ONLY.

revised as of 1/2010



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Real Estate Appraisers Board
124 Halsey Street, 3rd Floor, Newark, NJ 07102



Dear Applicant/Licensee:

Pursuant to N.J.S.A. 45:1F-1 et seq., all applicants for Appraiser Trainee Permits, and licensure/certification as a Real Estate Appraiser must first submit to a **Criminal History Background Check**.

**** DO NOT SUBMIT \$25.30 FEE****

Complete the Certification and Authorization form and return it along with your completed application to the State Real Estate Appraiser Board, P.O. Box 45032, Newark, NJ 07101.

The Board will mail you the instructions regarding how to provide a copy of your fingerprints. **The Board will mail these instructions once it receives the Certification and Authorization form, your application and the application fee.** If you have any questions regarding the **Criminal History Background Check**, please contact:

**Criminal History Review Unit
P.O. Box 186
Trenton, NJ 08625
(609) 826-7184**

Other questions related to your permit, licensure or certification should be directed to the State Real Estate Appraiser Board at (973) 504-6480.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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Newark, New Jersey 07101
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For Office Use Only

Date received _____

Fee _____ State _____

Letter of Good Standing _____

Nonresident Consent _____

Date approved _____

**Application for Licensure or Certification as a Real Estate Appraiser
by Reciprocity or Endorsement**

Date: _____

A nonrefundable application filing fee of \$75.00, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the application process for reciprocal or endorsed licensure or certification will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name ☐ Mr. _____ (_____)
☐ Mrs. _____
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business or Employer: _____
Name of company or employer Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number to the Board or Committee. Failure to do so may result in denial/nonrenewal of reciprocal or endorsed licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a reciprocal or endorsed license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of reciprocal or endorsed licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of reciprocal or endorsed licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions 18 through 23 pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a real estate appraiser” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a real estate appraiser and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a real estate appraiser, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board or Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for reciprocal or endorsed licensure or certification.

Signature of applicant

Date

8. Have you ever changed your name? ☐ Yes ☐ No
If “Yes,” please submit with this application a copy of the marriage certificate, divorce decree or court order.
9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No
If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

Last name		First name		Middle initial
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired
Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit		Date issued/expired

12. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Have you ever been named as a defendant in any litigation related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of real estate appraisal or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If the answer to any of the above questions, numbers 12 through 18, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.
19. What type of licensure or certification are you applying for? (Check one.)

- ☐ Certification as a General Real Estate Appraiser
- ☐ Certification as a Residential Real Estate Appraiser
- ☐ Licensed Residential Real Estate Appraiser

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

I, _____, in making this application to the State Real Estate Appraiser Board for real estate appraiser licensure or certification via reciprocity or endorsement under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Real Estate Appraiser Board, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reciprocal or endorsed licensure or certification or to withhold renewal of or suspend or revoke a reciprocal or endorsed license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14F-1 et seq., together with the Rules and Regulations of the State Real Estate Appraiser Board, N.J.A.C. 13:40A-1.1 et seq., and fully understand that in receiving reciprocal or endorsed licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reciprocal or endorsed licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

*Affix seal
here*

Applicants for Licensure/Certification as a Real Estate Appraiser (Nonresident Consent)

In accordance with N.J.A.C. 13:40A, this part is to be completed by all **nonresident** applicants who are applying for licensure or certification as a real estate appraiser in the State of New Jersey.

Name _____
First Middle Last

Residence address _____
Street address

City State ZIP code

Telephone number (include area code) County

Business name _____

Business address _____
Street address

City State ZIP code

Telephone number (include area code) County

Date of birth _____
Month Day Year

I do hereby consent that suits and actions arising out of any of my appraisal work in New Jersey may be commenced against me in a court of competent jurisdiction of any county of New Jersey in which the cause of action arose or in which the plaintiff resides, by the service of legal process on the State Real Estate Appraiser Board. I agree that such service on the State Real Estate Appraiser Board shall be acknowledged in all courts to be valid and binding as if personal service of process had been made upon me. In case any process herein mentioned is served upon the State Real Estate Appraiser Board, it shall be its duty to forward a copy of the process by registered mail to my last known address.

Signature of applicant

Sworn and subscribed to before me this _____
day of _____, _____

Name of Notary Public (please print)

Signature of Notary Public



Official Use Only☐ Dual License

License Type 1 _____

Applicant's Number _____

License Type 2 _____

Applicant's Number _____

**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Real Estate Appraiser Board

P.O. Box 45032

Newark, New Jersey 07101

(973) 504-6480

Official Use Only☐ Resubmit

Board or Committee _____

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK****Directions:** Answer all of the questions on this form.

1. Name ☐ Mr. _____ (_____)
☐ Mrs. _____ Last First Middle Maiden Name
☐ Ms. _____

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: ☐ Male ☐ Female
Month Day Year

4. Social Security number ____/____/____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$25.30.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date

Restricted Zip Codes – Numerical List

Page 1 of 2

Pennsylvania and New York

As of 5/7/2010

10001	10045	10123	10185	10313	10610	11101
10002	10046	10124	10196	10314	10706	11102
10003	10047	10125	10197	10451	10801	11103
10004	10048	10126	10199	10452	10802	11104
10005	10055	10128	10203	10453	10803	11105
10006	10060	10129	10211	10454	10804	11106
10007	10065	10130	10212	10455	10805	11109
10008	10069	10131	10213	10456	10810	11120
10009	10072	10132	10242	10457	10901	11201
10010	10075	10133	10249	10458	10912	11202
10011	10079	10138	10256	10459	10913	11203
10012	10080	10149	10257	10460	10920	11204
10013	10081	10150	10258	10461	10921	11205
10014	10082	10151	10259	10462	10933	11206
10015	10087	10152	10260	10463	10952	11207
10016	10090	10153	10261	10464	10954	11208
10017	10094	10154	10265	10465	10956	11209
10018	10095	10155	10268	10466	10959	11210
10019	10096	10156	10269	10467	10965	11211
10020	10098	10157	10270	10468	10969	11212
10021	10099	10158	10271	10469	10970	11213
10022	10101	10159	10272	10470	10973	11214
10023	10102	10160	10273	10471	10974	11215
10024	10103	10161	10274	10472	10975	11216
10025	10104	10162	10275	10473	10981	11217
10026	10105	10163	10276	10474	10983	11218
10027	10106	10164	10277	10475	10987	11219
10028	10107	10165	10278	10499	10988	11220
10029	10108	10166	10279	10522	10989	11221
10030	10109	10167	10280	10538	10990	11222
10031	10110	10168	10281	10543	10998	11223
10032	10111	10169	10301	10552	11001	11224
10033	10112	10170	10302	10553	11002	11225
10034	10113	10171	10303	10583	11003	11226
10035	10114	10172	10304	10591	11004	11228
10036	10115	10173	10305	10595	11005	11229
10037	10116	10174	10306	10601	11040	11230
10038	10117	10175	10307	10602	11041	11231
10039	10118	10176	10308	10603	11042	11232
10040	10119	10177	10309	10604	11043	11233
10041	10120	10178	10310	10605	11044	11234
10043	10121	10179	10311	10606	11096	11235
10044	10122	10184	10312	10607	11099	11236

Restricted Zip Codes – Numerical List

Page 2 of 2

Pennsylvania and New York

As of 5/7/2010

11237	11378	11694	18360	19016	19107	19150
11238	11379	11695	18371	19017	19108	19151
11239	11380	11697	18373	19019	19109	19152
11240	11381	12729	18901	19022	19110	19153
11241	11385	12746	18902	19023	19111	19154
11242	11386	12771	18910	19029	19112	19155
11243	11390	12785	18911	19030	19113	19160
11244	11405	18013	18912	19037	19114	19161
11245	11411	18015	18913	19039	19115	19162
11247	11412	18016	18914	19040	19116	19170
11248	11413	18017	18916	19046	19118	19171
11249	11414	18018	18917	19047	19119	19172
11251	11415	18020	18920	19048	19120	19173
11252	11416	18025	18921	19049	19121	19175
11254	11417	18039	18923	19050	19122	19176
11255	11418	18040	18925	19052	19123	19177
11256	11419	18042	18926	19053	19124	19178
11351	11420	18043	18930	19054	19125	19179
11352	11421	18044	18931	19055	19126	19181
11354	11422	18045	18933	19056	19127	19182
11355	11423	18050	18934	19057	19128	19183
11356	11424	18055	18938	19059	19129	19184
11357	11425	18063	18940	19061	19130	19185
11358	11426	18064	18942	19063	19131	19187
11359	11427	18072	18943	19064	19132	19188
11360	11428	18077	18946	19065	19133	19191
11361	11429	18081	18947	19067	19134	19192
11362	11430	18083	18949	19072	19135	19193
11363	11431	18085	18953	19076	19136	19194
11364	11432	18091	18954	19082	19137	19195
11365	11433	18301	18955	19086	19138	19196
11366	11434	18302	18956	19090	19139	19197
11367	11435	18320	18966	19091	19140	19244
11368	11436	18324	18972	19092	19141	19255
11369	11439	18327	18977	19093	19142	19331
11370	11451	18332	18980	19099	19143	19339
11371	11499	18335	19007	19101	19144	19340
11372	11637	18340	19008	19102	19145	
11373	11690	18341	19009	19103	19146	
11374	11691	18343	19013	19104	19147	
11375	11692	18351	19014	19105	19148	
11377	11693	18356	19015	19106	19149	